

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/564,412</td> </tr> <tr> <td>Filing Date</td> <td>January 11, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Eva Ilzet</td> </tr> <tr> <td>Title</td> <td>Method for Monitoring ...</td> </tr> <tr> <td>Art Unit</td> <td>3736</td> </tr> <tr> <td>Examiner Name</td> <td>Szmal, Brian S.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>449.1000USN</td> </tr> </table>	Application Number	10/564,412	Filing Date	January 11, 2006	First Named Inventor	Eva Ilzet	Title	Method for Monitoring ...	Art Unit	3736	Examiner Name	Szmal, Brian S.	Attorney Docket Number	449.1000USN
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I hereby revoke all previous powers of attorney given in the above-identified application.

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SIGNATURE of Applicant or Assignee of Record	
Signature	Date
Name	Telephone
Title and Company (Chairman & MD) of ObsteCare, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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